POSITION		ID NO.	DATE
			1-25-77
CLASSIFIER		6R	21/May 97
EXAMINER			
TYPIST			
VERIFIER			
CORPS CORR.			
SPEC. HAND			
FILE MAINT.			
DRAFTING			

INDEX OF CLAIMS

SYMBOLS

✓	Rejected
—	Allowed
= (Through numeral)	Canceled
-	Restricted
+	Non-elected
N	Interference
I	Appeal
A	Objected
O	

2

POSITION		ID NO.	DATE
CLASSIFIER		6	1-25-97
EXAMINER		ER	21 May 97
TYPIST			
VERIFIER			
CORPS CORR.			
SPEC. HAND			
FILE MAINT.			
DRAFTING			

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 08-765244
FILING DATE 10-30-97
APPLICANT(S)

BEST AVAILABLE COPY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
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10							60								
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40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								

(LEFT INSIDE)